

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001196

1. Corporation Name

GREATER MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

866 W. GOLDEN ST.
TALLAHASSEE FL 32304

866 W. GOLDEN ST.
TALLAHASSEE FL 32304



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1998

5. FEI Number

59-2685607

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CD	Anthony Pace	6704 Tim Turn Trail	Tallahassee, FL 32308
CD	Marvin Scott	866 W. Golden St	Tallahassee, FL 32304
DT	C. Douglas Hayes	2923 Woodrich Dr	Tallahassee, FL 32301
Trust	Christopher Davis	3934 PACES CT.	Tallahassee, FL 32311
DFS	Marilyn Rahming	1866 Hopkins	Tallahassee, FL 32304
Chair	Craig P. Riley	5595 Patrick Plantation Cir	Tallahassee, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, CHRISTOPHER
3934 PACES CT.
TALLAHASSEE FL 32311-0722

Name

Anthony Pace

Street Address (P.O. Box Number is Not Acceptable)

866 West Golden St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Anthony Pace

REGISTERED AGENT MUST SIGN

Date

10-27-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Pace Chairman, Trustees

10-27-99

Date

567-3635

Daytime Phone #